

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3							53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		1					58						
9		3					59						
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20		3					70						
21							71						
22	1						72						
23		1					73						
24							74						
25							75						
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27							77						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						